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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: BOYD et al. Docket: 372545-01201 (336919)
Serial No. 09/638,457 Examiner: Myhre, James W.
Filed: August 14, 2000 Art Unit: 3622
For: OFFLINE-ONLINE INCENTIVE POINTS SYSTEM AND METHOD

Mail Stop Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith are the following documents for the above-referenced application:

14 Page Amendment and Request for Reconsideration Under 37 CFR 1.111; and
 Supplemental Information Disclosure Statement, PTO-1449 & copies of cited references.

STATUS

RECEIVED

Applicant is a large entity

JAN 09 2004

EXTENSION OF TIME

GROUP 3600

Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 420.00	\$210.00
<input type="checkbox"/> three months	\$ 950.00	\$475.00
<input type="checkbox"/> four months	\$1,480.00	\$740.00
		Fee \$0.00

Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited on December 16, 2003, with the U.S. Postal Service as first class mail in an envelope addressed to: Mail Stop Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450.

Date: December 16, 2003

Yolette Yturralde-Owen

FEE FOR CLAIMS

The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	<i>OR</i>	OTHER THAN A SMALL ENTITY
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra Rate	Addit. Fee		
Total * 35	Minus *0* 55	= 0	x9= \$0	x18=	\$0
Indep. * 6	Minus *0* 4	= 2	x43= \$0	x86=	\$172
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+130= \$	x260=	\$0
			TOTAL ADDIT.FEE \$0	<i>OR</i>	TOTAL ADDIT.FEE \$172

No additional fee for claims required.
 Total additional fee for claims required \$172.00.

FEE PAYMENT

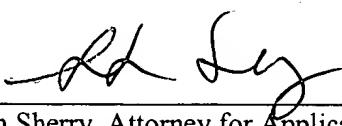
Attached is a check in the sum of \$ _____ for _____ fee.
 Charge Account No. 50-2778 the sum of \$172.00 for additional claims fee.

FEE DEFICIENCY

In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2778. A duplicate of this authorization is enclosed for that purpose.

Attached is a postcard for date-stamped return as confirmation of receipt of these materials.

Date: December 16, 2003


 Leah Sherry, Attorney for Applicants
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